	1			STATE OF MARYLAND		
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00 0001	2	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 6 3 4 4
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n. n. hos b	5	THE DATE OF OFERATION	TW CONDITION TOK WITH	CHOPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
£0 + _ 0 0	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	YES NO
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hospito hospito olige CTO ched for obpt. of h		obove, (I) ( did) did n 22b. SIGNATURE	at) view the body ofter death.	DEGREE		22c. DATE SIGNED
- Dod -		1. 11. 2 B	In also	ATTENDING	MEDICAL STAFF	4/22/51
A Ste E	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	11/22/06
TO HOSPIT TO FUNER should be with the Sit		William	A. Bod frey	PO Box 40	Ht Vernon Re	& Princess Anae Ha
Of of Shape	730	BURIAL, CREMATION, REMOVA		RENAME OF CEMETERY OR CREMATORY	23d LOCATION	6(3)
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	24. F	UNERAL DIRECTOR	1/21/0011	250. DA	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-04957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR LAST . DECEASED NAME KNOWN MONTH DAY 2h HOUR (TYPE OR PRINT) 11 a.M ESTI-BIVENS CLIFFORD DEATH MATED Apr. 20,1986 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 12 2c. DATE VEAR LAST BIRTHDAY) PRONOLINCED 23, 1912 Male Black Apr. DEAD 20. noon 1986 76 CITIZEN OF WHAT COUNTRY? M. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Somerset County DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Chance Seafood Home- Church Rd. Waterman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS (21816)Somerset Chance Church Rd. Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Hull 1 John Edith Bivens 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edwina Bivens Same as 13 a,b,c,d,e 219-03-4479 none 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a A BURIAL - TRAIN A BURIAL - TRAIN H AND MENTAL HYGEN MAND OR REWOVA DUE TO, OR AS A CONSTQUENCE OF Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A B JAL, CPE CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🗌 NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE ATTER-DEATH, WITH THE STATE DEPARTMENT BALNIMORE, MARYLAND, 21201 PRIOR TO BRU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection X Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER 5 NAME (TYPE OR PRINT) James A. Sterling, 320 W. Main St .- Crisfield, Md. 21817 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION Charles Church Cem. Chance Md. Burial Somerset BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ritus 3-Box 354 **DHMH - 17** Webster Funeral Home (VR A15 ME (5) Princess Anne. Md. 20M 4/82

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17	160. WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMA	ANT		ADDR		0	
/	YES, NO, OR UNK	WW	WAR OR DATES)	215-05-	7013.	Mrs	. Ros	slyn	Dryde	en C:	risfi	eld. M
IAL CREMATION, OR REMOVAL	gave cause lying c	tians, if any, which rise to immediate (a) stating the <u>under-</u> ause last.	(b)	AS A CONSEQUENCE	OF	OR CONDITION (	GIVEN IN PART 1	( <b>a</b> ).				
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7	UNDERLYII	NAL CAUSE WAS NG OR TING CAUSE OF E	DEATH P.M.	MONTH DAY YEA	AR		OCCURRED (	ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR	PART 2)	
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BALTIMORE, MARYLAND, 21201 PRIÓR TO BURIA	100000	E NAME A	e af the remains described courses	ribed obove, held on Accident , S	Autops	Homicia TITLE (SPE		Indetermine MEDICAL E		and in my o	E //	124/8
4 D 4 8	23a BURIAL CREM	ATION, REMOVAL 2	36 DATE	23c. NAME OF CI			Y //2:	3d. LOCATION	ON T	co	OUNTY	STATE
_	Bur/s		47277 8	6 Sunny	ridge				Tield	Som	erset	Md.
)	24 FUNGRALDIR	and I	Eulias (	Luspe	een	d. 25	APR 2	D. BY REGIS 9 1986	STRAR 256. R	Deviden	SIGNATURE	



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## STATE OF MARYLAND

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1	FOR - STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYGI DEATH	Ö	<b>Ö</b> G. NO.	1 2	4 5 9		
(TY	ECEASED NAME PE OR PRINT)  FIRST	a M.	Lewis	_	Ganc	14	20. DATE OF DEA	04.	13-86	2b. HOUR AM		
1.5	Female	4. RACE Whi	te	S. DATE C	DAY	1904	81	YRS	MONIHS DAYS	HOURS MIN.		
7a. I	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	what country?	WIDOWE	D X (	MARRIED	Som	Somerset MD.				
P	rincess Anne	Manoki	HOSPITAL, NURSIN THEACILITY, GIVE STREET IN MANOR	Nursi:			12a USUAL OCCL (TYPE OF WORK FOR A Seamst	OST OF WORKING	LIFE) INDUSTRY	of Business OR		
13a		or other institution UNTY nerset	13c CITY OR TOW	VN	YES 💢	NO 🗌	308 Myr			7		
1	FATHER'S NAME FIRST  George	MIDDLE	Lewis			r's maiden namer Bessie	Lee		Johnson			
160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	212-10-		Clift	on S. Mi		Crisfi	eld, M			
V	PART I. DEATH WAS CAU	only one cause pe SED BY: IATE CAUSE (o)	/ /	me )					BETWEEN	XIMATE INTERVAL NONSET AND DEATH		
z	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEOU	IENCE OF	NOT RELATE		INAL DISEASE OR	CONDITION	GIVEN IN PART	l(a		
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	OR CONTROLLED CALLERON	DEATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c. HOW	INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM T	B PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f LOCAT	ION ET	CITY	OR TOWN	COUNTY	STATE		
	22a. I certify that (I) (this ha saw the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE	an 4-/	19_	•	nd that in (m	y) (aur) apinian d	, to	the date and h		, that (I) (we) last e causes stated E SIGNED		
1	22d. PHYSICIAN'S NAME (TH	gun 6	///	M	122e ADDRI		MEDICAL DIRECTOR PI	STAFF HYSICIAN [	1	11/ 11/1		
230	BURIAL, CREMATION, REMOV	1 23b. DATE 4/15/				CREMATORY emetery	23d LOCATION Crisfi	VN.	dpae,	Md. 2/83		
24	FUNERAL DIRECTOR	7/ 12/	ADDRESS				2°17°1086					

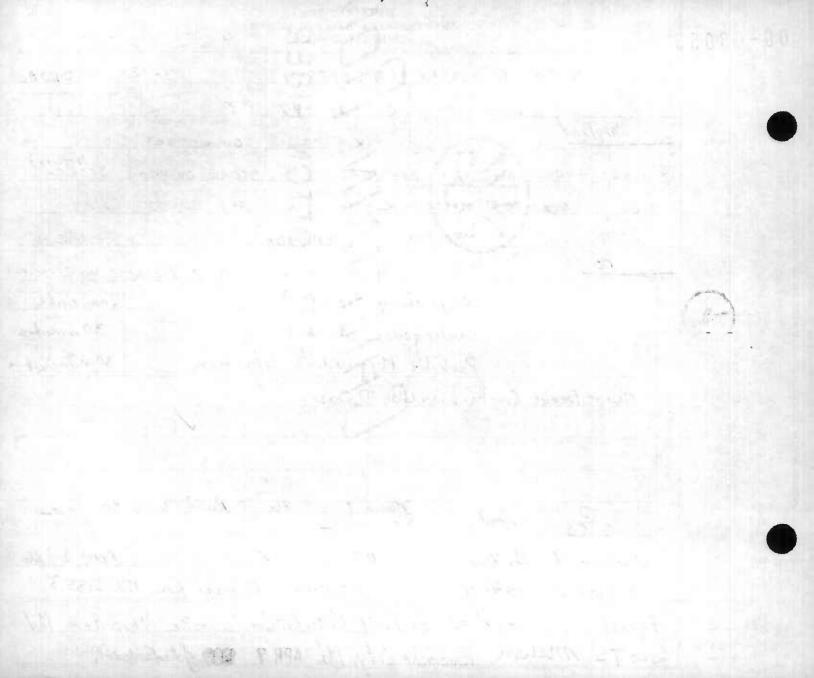
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Bradshaw & Sons - Crisfield, MD 21817

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10-03336	1	TATE				XAMINE				- 6	6	REG.	No.	2 64	6	U
0 03330		EASED NAME	FIRST		WIDDIE		LA	sť		2	o. DATE K	NOWN ESTI-	MON MON	ITH DAY	Y YEAR	2b. HOUR
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S NECESSARY PLEA FUNERAL DIRECTOR E S FOR YOUR FIN S S FOUR FIN S S FOUR FIN S S FOUR FIN S FOUR FIN M PREYON STREE	Fe Fe	male	White	5. DATE OF BIRTH MONTH DAY May 19,	1914	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS	MONTHS	DAYS	HOURS		C DATE RONOUNC DEAD		Apr.	9,	1986	2d. HOUR PAM
NECESSA CUNERAL S. FOR YO MITHIN YOUR	7a. BIR	THPLACE (ST	ATE OR	76 CITIZEN OF WI		MARR		□ NEV	VER MARRIE	D 0 9	9. BALTIMORE CITY OR COUNT					
O'S S		ryland				S.A. WIDOWE					Somerset Cour					MD.
ELAY IS PAGE PAGE PREFILED	Ma	rion		11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDR.  Home— Rt. 1 B			ess) For To				SUAL OCCUPATION (TYPE OF WORK IN RMOST OF WORKING LIFE)				Somerset Co.	
ANY D AND 31 RETAIN RECORD	13a. ST		113b COUN	rother institution, GI TY Comer Set	113c CITY	BEFORE ADMISSION OR TOWN rion	13	Id INSIDE CI	ITY LIMITS?	13e STREI	t. 1	Box	301	(21	838)	
MD. H. H. H. A. S.		THER'S NAME		MIDDLE		LAST		5. MOTHE	R'S MAIDEI			DIE			LAST	-211
RS AFTER DEATHWORE, S. GIVE PAGES WITH FORM P. PAGES 1 AVIOLISION OF V		Fred		T.	F	ord			lorend	ce				I	orsey	7
	(YE	AS DECEASEI S, NO, OR UNKNO <b>NO</b>	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)  NONE		-03-7637		Fred	T. Fo	ord	Sam	ADDRE		a,b,	c,d,e	
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ISSE.	- W	WHILE AT WORK	NOT WHILE C	21e PLACE ( STREET, FAC	OF INJURY TORY, FARM, ET		21f. LOCA STRI				CITY OR TOW	И		COUNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNRAL DIRECTOR: PAR AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 217		220.   certil death results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME Jan	e of the remoins desiral causes	Accident	a Suici	Z_M.D		PECIFY)	Undeter	Inquiry ( rmined man  CAL EXAMI  .n St.	NER		ITE GNED_4	1/9/86	21817
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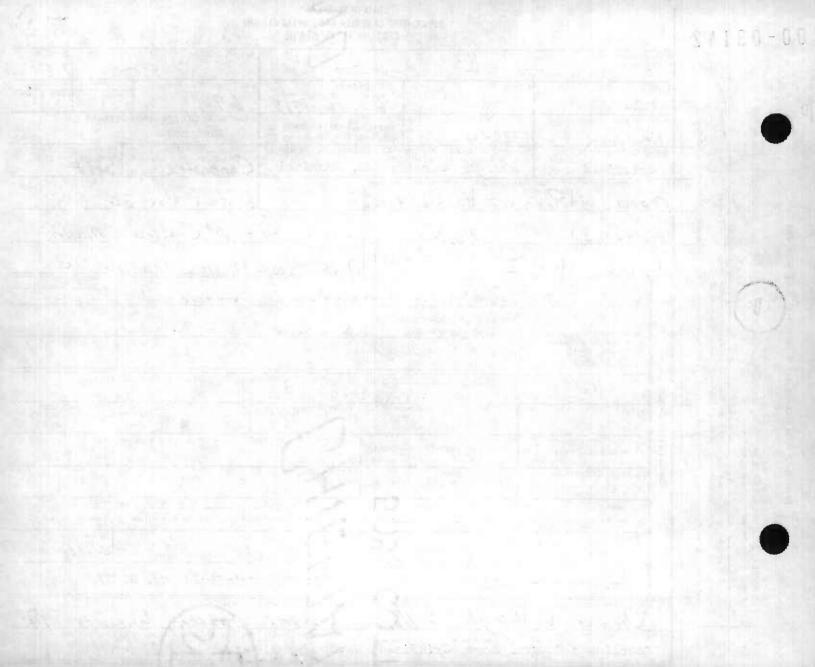
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s yall le		INCESS ANNE	MANOKIN h	LANOR	STORE	owner	STORE	-
d in d bear	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N 1134 INSIDE CITY	LIMITS? 1136.STREET ADD	RESS / ZIP CODE		
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xecon dicol	160	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!	the state of the s		ADDRESS		
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5 c - C - 5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	D 1 20g AUTOPS	(? J-70b IF YES. )	WERE FINDINGS U	SED
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TTEN TOR TOR For us		sow the deceased olive on obove (1) (we) (did) (did no	tol) oftended the deceased from	6_, and that in (my) (out	r) opinion death occurred o	the date and hour c	-	
OR All	1	22b. SIGNATURE	or view the body offer deoth	DEGREE			224 DATE SIGNI	ED
		111 Dligan 1)	Hollen	HD ATTE	NDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN []	April 2	186
A Se E		220. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS				2
TO HOSPITAL reformed by 1 TO FUNERAL should be det with the Store		William R.	Godfrey	P.O. Box	40 Princes	Annes M	d 2185	3
Of Of Shoot	23a	BURIAL, CREMATION, REMOVAL		AME, OF CEMETERY OR CRE	MATORY 23d LOCATIC	N		
BP		BUVIO/	4/4/86 50	Swill Moth	1st Car Topon	rake Wh	verster	Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS A	3 / 44/		STRAR 25b. REGISTRA	AR'S SIGNATURE	-
(VRA 15, 4)	6	scotts. Mi	uson Poromok	e City, Md.	APR 7 1098	1 Solie Devil	and fonde	
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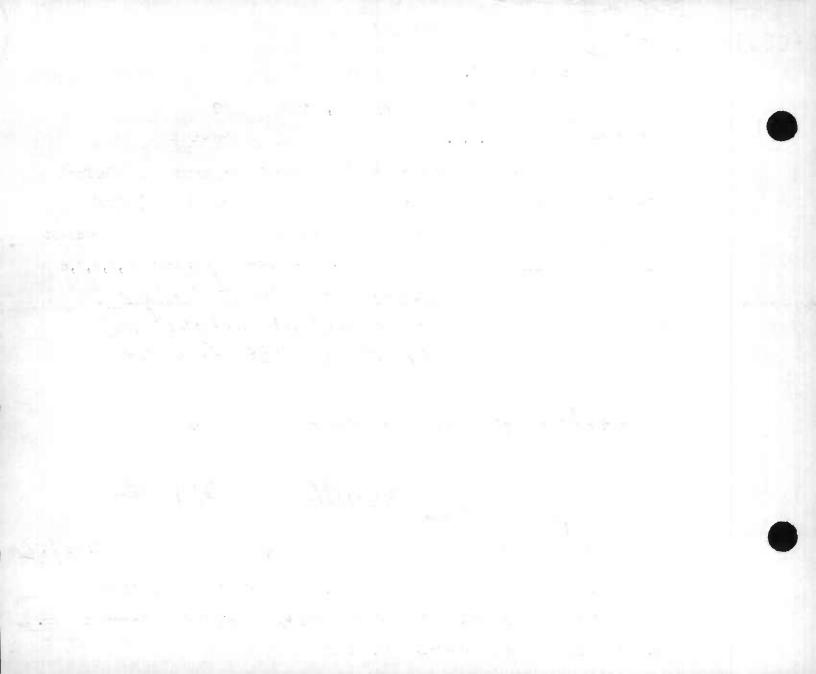


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 00-03142 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH MONTH 2b. HOUR DECEASED NAME EIRST (TYPE OR PRINT) 7:42a 4-3-86 Muller Eugene poge 4. RACE 5. DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX YEAR White Male 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE | STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Somerset DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR O CITY OF YOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOF WORK FOR MOST OF WORKING LIFE! Edw. W. McCready Mem. Hospital Crisfield MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131 COUNTY 13d. INSIDE CITY HAITS? 13e\_STREET ADDRESS 13a. STATE 13c CITY OR TOWN JARION STATION NO X 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT ( IF YES, GIVE WAR OR DATES) 054-05-5190 NUL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION d IN CERTIFYING CAUSES OF DEATH? NO [ Onsit 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY ā COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET orked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased alive on\_ \_, and that in (my) (our) apinion death accurred on the date and haur and Iram the couses stated abave, (1) (we) (did) (did nat) view the bady ofter death 22h SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL IMPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME TYPE OR PRINT should be with the Main St., Crisfield, Md. 21817 Jesus Evangelista 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BP 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Sterling's Funeral Home / Cristield, Md.

(VRA 15, 4)



02010	1 - FOR STATE REGISTRAR	D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & &	12463
-03010	1 DECEASED NAME 191	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONI	TH DAY YEAR 26 HOUR
1 25 3	(TYPE OR PRINT)	ter H.	Parks		
1000	1.5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	4-4-86 9:01p M
2 de 4 m	Male	White	May 26. 1906	79	MONTHS DAYS HOURS MIN.
0 4 4 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	74. BIRTHPLACE ISTAN ON CONSCIONATION Virginia	76. CITIZEN OF WHAT CO	UNTRY?   MARRIED   NEVER MARRIED   WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
1	Crisfield	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER INSTITUTION INVESTREET ADDRESS)  Tready Memorial Hospital	124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  Waterman	RKING LIFE) 176. KIND OF BUSINESS OR INDUSTRY  Seafood
AND 2120 H 24 hours	UAL RESIDENCE (# NURSING H STATE 1336 Virginia	ME OR OTHER INSTITUTION, GIVE RESIDER	NCE BEFORE ADMISSION) OR TOWN  13d. INSIDE CITY LIMITS?  YES X NO	13e STREET ADDRESS / ZIP	13/1/1/./.
MARYI and with and with	Smith		arks 15. MOTHER'S MAIDEN NA	AME MIDDLE	Crockett
IMORE, e execut n and co Pages I	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	al security no. 17. INFORMANT  24-1909 Mary Sue Pa	arks Same as	13 a,b,c,d,e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Otherding physicion. Her this certificate has been signed by the differenting physicion and completely tilled; in bits at the building physicion and completely tilled; in bits the hand Mertal hygiette prior to bloose remove carbon popers. Pages 1 and 2 shaulding file file hand Mertal hygiette prior to building recent, the medical exhibition of the high state of the high	Conditions, if any, whis gave rise to immedia cause (0), stating the underlying cause lost	DUE TO, OR AS A CO	insport of Cauch of	Cast ten whore ft fem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  L'OW  ON GIVEN IN PART 110
N OF VITAL RECOI	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE: (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	FRACTUR  G ZIB. TIME OF INJURY HOUR A.M. MON MININER)  P.M.	TH DAY TEAR	200 AUTOPSY? 200 IN. YES NOT	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
DIVISIO  F. ATTENDING PHY hospital or otherded  RE.CTOR. After this wold for use as the bi ppt. of Peblish and A  rem. 21 is marked or	220.1 certify that (1) (this saw the deceased al	haspital) attended the defeate	r, OFFICE, FARM, ETC.)  STREET  STREET  19  and that in (my) (our) apinion	to death accurred on the date or	that (I) (we) last and hour and from the causes stated
HOSPITAL OF	Dr. M. Bai		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN  Crisfield, Md	0 4/8/86
01 21137	23a. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
4998P199	(SPECIFY) Burial	4/8/86	Sunnyridge Cemetery	Crisfield	Somer set Ma.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR  Bradshaw Fune:				REGIS WAR'S SIGNATURE LA



		1	FOR	-		ST DEPARTMENT O		MARYLAND		FNF			
00-	01161	1-	STATE REGISTRAR		ME	DICAL EXAMI				ATU A	REG. No. 2	44 6	3.4
00	04161	1 08	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNO	HTMOM   NWC	d DAY YE	AR 26 HOUR
	Mario Se File	(TYF	E OR PRINT)	CHARI	ES	C.	P	OWELL		OF ES	TED X Apr	· 15,0	86 11
	PLEASE ECTOR. PLES. PHONES STREAT	3. SE	(	I. RACE	5 DATE OF BIRTH	6. AGE (IN	YEARS IF U		UNDER 24 HR		MONTH	- 01	EAR 2d HOUR
		l x	ale	White	MONTH DAY	VEAR LAST BIRT	YRS.	NTHS DAYS	HOURS MIN.	PRONOUNCED DE AD	Apr. 16	) 19	86 11:1:
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	NE S S	10 C	ITY OR TOWN C	OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR O			JSUAL OCCUPATION			F BUSINESS
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	H. F. 72, 23, 33, 34, 34, 34, 34, 34, 34, 34, 34, 3	_	ATHER'S NAME					15. MOTHER	S MAIDEN NA	ME			
	PAN AN A	1	J.	F	letcher	Powell		Lel	า้าล	MIDDLE		Dize	
5	A A A A A	16a. \		EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	ITY NO.		NICharl	es Al	DDRESS Sa.1	isbury	,MD2180
	RS AFTER DEATH GIVE PAGES 1, VITH FORM PM PAGES 4 AND 2 VIVISION OF VITH		es, NO, OR BINKINGV	(IF YES, GIVE	WAR OR DATES)	076-12-8	954			11 - 2303			
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	AL HENS			i, if ony, which	(b)								
3	SENT AND		cause (o) s	toting the under-		R AS A CONSEQUENC	E OF						
100	S A EXA		lying cous	e last.	(c)								
200	ULD BE EXECUTED WITHIN 24 HOU WENDING" IN PENCIL IN TEM 1 F MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
	TEAL OF ASSESSED.	CERTIFICATION	19a. DATE OF	OPERATION	19h COND	ITION FOR WHICH OP	ERATION	WAS PERFORME	ED?			20. AUTO	PSY?
	FICATE SHOULD STHE WORD "PROUD THE CHEFF FOULD BE USED SHOULD BE USED SHOULD BE USED OF THE CREAMENT OF THE CR	FIG	1746										
>	WE SECOND	E	21a. EXTERNAL	CAUSE WAS	21b. TIME O		21c.	HOW INJURY OF	CCURRED (EN	ER NATURE OF INJURY IN	N ITEM 18 PART 1 OR P	YES (	J NO LA
2	SHOW STAN		UNDERLYING	OR G CAUSE OF	and the second second	A. MONTH DAY YE	AR						
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5	TO MEDICAL EXAMINER: THIS CERTIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WC PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BARTWORE, MARYLAND, 21201 PRIOR TO BE	W	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, ETC.)	FE.	STREET		CITY OR TOWN	CC	OUNTY	STATE
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	FRE FEE		EXAMPLES SA (TYPE OR MIN	Jame Jam	es A. Ste	erling, M./		_ADDRESS_3	320 W. 1	Main St	· Crisfi	eld, M	d. 2181
	525 FEB -	23a.B	URIAL, CREMAT	ION, REMOVAL 2	36 DATE	23c. NAME OF C	EMETERY	OR CREMATORY	Y 23d.	LOCATION		IIIII	
	BP	(	Buri	al	4/18/86	Crisfi	eld	Cemetery		Crisfield	Some	rset	Md.
	DHMH - 17	24 F	UNERAL DIRECT		400000					BY REGISTRAR 25	& REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	B	radshaw	& Sons	Crisfie	1d, Md. 2	1817		APR 2	1 1986	chia Davidos	Mr-Naulon	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH PEG NO 20 DATE OF DEATH MONTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH 1898 88 **BALTIMORE CITY OR COUNTY OF DEATH** 

Somerset

120 USUAL OCCUPATION

LIYPE OF WORK FOR MOST OF WORKING LIFET

housewife

13e.STREET ADDRESS / ZIP CODE

Jane

600 Market Street

1522 Windham Court

DIVORCED [

NOF

FIRST

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

19

Marv

REGISTRAR 1. DECEASED NAME LIYPE OR PRINTI 3 SEX female white To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Virginia WIDOWED & ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH EACILITY GIVE STREET ADDRESS) Anne

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Manokin Manor Nursing Home

3a STATE 130 CHUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? Marvland Worcester Pocomoke FATHER'S NAME 15 MOTHER'S MAIDEN NAME

MIDDLE LAST Taylor

Lewis IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWNI LIF YES GIVE WAR OR DATEST no

18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and (c PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE IO Conditions, if any, which

gave rise to immediate cause (o), stating the underlying cause last

- STATE

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION

21n. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

226. SIGNATURE

Burial

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an\_

**IFICATION** 

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

PM 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

220.1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat) view the body ofter death

236 DATE

4/7/86

22e ADDRESS

Allen Meth. Cem.

DEGREE

21f LOCATION

STREET

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

STATE

STATE

, that (1) (we) lost

126 KIND OF BUSINESS OR

(unknown)

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

6

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Pocomoke

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

ATTENDING

231 NAME OF CEMETERY OR CREMATORY

Allen

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

CITY OR TOWN

Wicomico

STATE OF MARYLAND

Vestigation

Table 1 . Territoria . Territoria .

(VRA 15, 4)

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(VRA 15, 4)

DHMH - 16 60M 7/84

\$ £

24 FUNERAL DIRECTOR

23a BURIAL CREMATION, REMOVAL

(SPECIFY)

Buria

FOR

Pocomoke City, Md.

236 DATE

5/1/86

Allen Meth. Cem.

#30 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

CITY OR TOWN

Md. Allen Wicomico 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

YES T

COUNTY

22c. DATE SIGNED

YEAR

1986

INDUSTRY

IF LINDER I VEAR

2h HOUR

126. KIND OF BUSINESS OR

(unknown)

NO [

STATE

IF UNDER 24 HRS.

21851

